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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/532,434
		Filing Date	April 22, 2005
		First Named Inventor	Unho Choi
		Art Unit	2431
		Examiner Name	Michael R. Vaughan
Total Number of Pages in This Submission	14	Attorney Docket Number	8739.098.00

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Amendment Transmittal  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <input checked="" type="checkbox"/> Request for Continued Examination <input checked="" type="checkbox"/> Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address
<div>Remarks</div>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Sung K. Jung; Reg No.: 35,210 MCKENNA LONG & ALDRIDGE LLP
Signature	Sanjeev Gikand (Reg. No. 60,107)
Date	8-14-09